



LOUISIANA WORKS

DEPARTMENT OF LABOR™

EMPLOYER'S GUIDE TO MAGNETIC MEDIA QUARTERLY WAGE REPORTING

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Louisiana Department of Labor
Employer's Guide to Magnetic Media
Quarterly Wage Reporting

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I. Instructions for Quarterly Wage Reporting

The filing of quarterly wage reports on magnetic media (either tape or diskette) is mandated by rule 309 of the Louisiana Employment Security Law for all employers who report 250 or more employees in any calendar quarter.

Enclosed are the instructions and specifications to be used when submitting your quarterly unemployment insurance (UI) wage reports to the Louisiana Department of Labor (LDOL) by magnetic media, whether tape or diskette. These instructions generally follow the Social Security Administration guidelines, with modifications. Please review these instructions carefully to make certain that your magnetic media meets all the requirements.

Employers starting to report by magnetic media should submit a "test file" prior to submitting the "production" media report. This is to determine the compatibility of processing systems and accuracy of the report being submitted. Until testing is completed, continue to submit paper reports. Test files should be accompanied by the appropriate transmittal letter. - See pages 7 and 10 for further explanation.

After you have been notified that the processing of your "test" report has been successfully completed, all future wage reports may be submitted on the magnetic media. Please do not submit paper forms which contain the same data as the magnetic media report.

The following guidelines should assist you in preparing your magnetic media wage report:

- Both your federal employer identification number (EIN) and your state UI employer account number are required.
- All money fields are strictly numeric and must include dollars and cents (decimal assumed).
- Negative (credit) amounts are not allowed. If the field is not applicable, enter zeros.
- The state UI employer account number (first six digits only) and totals shown on the form LDOL-ES 4 must agree with the totals on the magnetic media report.
- LDOL can currently process "round" magnetic tape on IBM 3420 drives (9 track @ 800, 1600, or 6250 BPI), "square" tape on IBM 3480 or 3490 tape drives (18 tracks), and PC diskettes 5 ¼ inch or 3 1/2 inch.
- Diskette data files must be prepared with the "MS-DOS" operating system.
- Employers who participate in electronic funds transfer of quarterly state UI payroll taxes must complete the designated employment data fields on the "RS" record.
- Please see page 21 for multiple worksite reporting instructions (Form 3020), "RS" record positions 338-412.

II. Corrections to Magnetic Media Reports

If the filer discovers an error in a magnetic media report before it is submitted, the report should be corrected prior to transmittal to LDOL. Correspondence requesting LDOL staff to alter the data in the report should not be sent with a magnetic media report; this agency can not alter the data in the report. If the magnetic media report cannot be corrected, a hard copy is acceptable.

If the filer detects an error in the magnetic media report after it has been submitted, contact the Wage Record Unit at (225) 342-2827 for instructions on correcting your quarterly report.

If an error is detected when your tape/diskette is processed by this agency, your magnetic media will be returned to you with instructions regarding the error(s). The information in sections IV and V of this booklet may be helpful to you in resolving problems with the processing of magnetic media.

If only a small volume of data must be corrected, use the paper forms to re-submit the quarterly wages. Mark "corrected wage report" on the corrected paper copy and submit to the Wage Record Unit.

III. Wage Reporting Using Magnetic Media

A. Packaging Magnetic Tape for Mailing

Package the magnetic tape with an "external label" on each volume in a box with proper padding to prevent damage in transit. Use disposable containers, as the containers will not be returned. Caution should be taken such that the placement of the external label will not impede the processing of the tape once it is received by LDOL. With the exception of the external label, nothing else should be attached to the tape.

When submitting test tape(s), include in the package the appropriate "magnetic tape transmittal letter." (See page 7.)

MAGNETIC TAPE EXTERNAL LABEL:

```
*****
* YEAR-QTR - _____ VOLUME NO - _____ *
*                               VOL _____ OF _____ *
* STATE UI EMPLOYER _____ *
* ACCOUNT NUMBER : _____ *
* EMPLOYER NAME : _____ *
* CONTACT PERSON : _____ PH : _____ *
* ADDRESS : _____ *
* CITY : _____ STATE : _____ *
* ZIP : _____ *
*****
```

FIELD DEFINITIONS:

YEAR-QTR: Enter the year and quarter of report.
QTR = 1, JANUARY - MARCH
QTR = 2, APRIL - JUNE
QTR = 3, JULY - SEPTEMBER
QTR = 4, OCTOBER - DECEMBER

VOLUME NO: Tape Volume Number

VOL__ OF__: Enter the sequence of each volume and the total number of volumes being transmitted.

STATE UI EMPLOYER ACCOUNT NUMBER: Account Number Assigned to this Employer by the State of Louisiana for Reporting Unemployment Insurance Data

EMPLOYER NAME: Employer's Name

CONTACT PERSON: Name of Person to Be Contacted if There Is a Problem with the Magnetic Tape

PH: Contact Person's Phone Number

ADDRESS: Address to Which Tapes or Any Related Correspondence Should Be Returned

Send the magnetic tape file with identifying label to:

Louisiana Department Of Labor
Office Of Regulatory Services
1001 N. 23rd Street
Post Office Box 94094
Baton Rouge, LA 70804-9094

ATTN: Wage Record Unit, Room 322

Please do not send tax payment with tape or diskette. Send the payment with the quarterly tax report separately or use LDOL electronic funds transfer system.

B. Magnetic Tape Transmittal Letter
(To Be Used When Transmitting Test Tape)

DATE: _____ YEAR-QUARTER REPORTING: _____

TRANSMITTAL REQUEST: _____ TEST ONLY _____ TEST, USE FOR PRODUCTION

TAPE DENSITY: _____ 800 BPI _____ 1600 BPI _____ 6250 BPI _____ OTHER

TAPE FORMAT: _____ UNLABELED (N,L) _____ LABELED (2,BLP)

_____ STANDARD LABEL (SL) OTHER _____

BLOCKING FACTOR: _____

MAGNETIC TAPE MUST BE: "EBCDIC", 9 CHANNEL, ODD PARITY, WITH
INTERNAL LABEL

STATE UI EMPLOYER

ACCOUNT NUMBER: _____ FEDERAL ID NUMBER: _____

EMPLOYER NAME: _____

ADDRESS: _____

PAYROLL

CONTACT PERSON: _____ PHONE: _____

COMPUTER CONTACT: _____ PHONE: _____

(IF MULTIPLE EMPLOYERS ON SAME FILE, PLEASE ATTACH LIST WITH
EMPLOYER NUMBER, FEDERAL ID NUMBER, AND EMPLOYER ADDRESS.)

* * * FOR LA. DEPT. OF LABOR USE ONLY * * *
RECEIVED: _____ RETURNED: _____

TAPE(S) EXTERNAL NUMBER(S): _____

WAGE UNIT: _____ TITLE: _____

PHONE: _____

APPROVAL OF REQUEST:

DCT/ANALYST: _____ TITLE: _____

PHONE: _____

*** TRANSMITTAL LETTER TO BE SENT WITH TEST MAGNETIC TAPE ***

C. Packaging Diskette for Mailing

Package the diskette(s) with an "external label" on each package in a box with proper padding to prevent damage in transit. Use disposable containers, as the containers will not be returned. Caution should be taken such that the placement of the external label will not impede the processing of the diskette once it is received by LDOL. With the exception of the external label, nothing else should be attached to the diskette.

When submitting test diskette(s), include in the package the appropriate "diskette transmittal letter." (See page 10.)

DISKETTE EXTERNAL LABEL:

```
*****
* YEAR-QTR - _____ VOLUME NO - _____ *
*                               VOL _____ OF _____ *
* STATE UI EMPLOYER _____ *
* ACCOUNT NUMBER: _____ *
* EMPLOYER NAME: _____ *
* CONTACT PERSON: _____ PH: _____ *
* ADDRESS: _____ *
* CITY: _____ STATE: _____ *
* ZIP: _____ *
*****
```

FIELD DEFINITIONS:

YEAR-QTR: Enter the year and quarter of report.

QTR - 1, JANUARY – MARCH

QTR - 2, APRIL – JUNE

QTR - 3, JULY – SEPTEMBER

QTR - 4, OCTOBER - DECEMBER

VOLUME NO: Diskette Volume Number

VOL___ OF ___: Enter the sequence of each volume and the total number of volumes being transmitted.

STATE UI EMPLOYER

ACCOUNT NUMBER: Account Number Assigned to This Employer By the State of Louisiana for Reporting Unemployment Insurance Data

EMPLOYER NAME: Employer's Name

CONTACT PERSON: Name of Person to Be Contacted if There Is A Problem with the Diskette(s)

PH: Contact Person's Telephone Number

ADDRESS: Address to Which Diskettes or any Related Correspondence Should Be Returned

Send the diskette file with identifying label to:

Louisiana Department Of Labor
Office Of Regulatory Services
1001 N. 23rd Street
Post Office Box 94094
Baton Rouge, La. 70804-9094

Attn: Wage Record Unit, Room 322

Please do not send tax payment with tape or diskette. Send the payment with the quarterly tax report separately or use LDOL electronic funds transfer system.

D. Diskette Transmittal Letter
(To Be Used When Transmitting Test Diskette)

DATE: _____ YEAR-QUARTER REPORTING: _____

TRANSMITTAL REQUEST: ____TEST ONLY: ____TEST, USE FOR PRODUCTION

DISKETTE: ____ 1/4 INCH ____ 3 1/2 INCH ____ OTHER-SIZE ____

STATE UI EMPLOYER
ACCOUNT NUMBER: _____ FEDERAL ID NUMBER: _____

EMPLOYER NAME: _____

ADDRESS: _____

PAYROLL
CONTACT PERSON: _____ PHONE: _____

COMPUTER CONTACT: _____ PHONE: _____

(IF MULTIPLE EMPLOYERS ON SAME FILE, PLEASE ATTACH LIST WITH
EMPLOYER NUMBERS, FEDERAL ID NUMBERS, AND EMPLOYER ADDRESSES.)

* * * FOR LA. DEPT. OF LABOR USE ONLY * * *

RECEIVED: _____ RETURNED: _____

DISKETTE(S) EXTERNAL NUMBER(S): _____

WAGE UNIT: _____ TITLE: _____

PHONE: _____

APPROVAL OF REQUEST:

DCT/ANALYST: _____ TITLE: _____

PHONE: _____

TRANSMITTAL LETTER TO BE SENT WITH TEST MAGNETIC DISKETTE

E. Definition of Record Types

CODE RA - Submitter Record
Required By Louisiana

CODE RE - Employer Records - Required By Louisiana

This record identifies an employer or payer whose employee wage information is being reported quarterly. Generate one "RE" record for each employer with wages being reported.

CODE RW - Employee Wage Record
Not Required By Louisiana

CODE RO - Employee Wage Record
Not Required By Louisiana

CODE RS - State Record (Employee Record)-Required By Louisiana

This record contains quarterly state wage and tax data for an employee.

One "RS" record is required for each employee for whom wages were paid in Louisiana during the report quarter.

CODE RT - Total Records
Not Required By Louisiana

CODE RU - Total Records
Not Required By Louisiana

CODE RF - Final Record - (Only One Per Report)- Required By Louisiana

This record indicates end of file and must be the last data record on each tape or diskette file. The final record must appear once for each file. No data is processed after the "RF" record.

THE FIRST TWO POSITIONS OF EACH RECORD MUST BE ONE OF THE ALPHABETIC CODES ABOVE.

F. Magnetic Media Record Description

CODE "RA" - SUBMITTER RECORD				LENGTH = 512
POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS	
001-002	RECORD IDENTIFIER	2	REQUIRED - CONSTANT "RA"	
003-216	FILLER	214	ENTER BLANKS	
217-273	SUBMITTER NAME	57	REQUIRED - ENTER THE NAME OF THE ORGANIZATION TO WHOM THE NOTIFICATION OF UNPROCESSABLE DATA SHOULD BE SENT. LEFT JUSTIFY AND FILL WITH BLANKS.	
274-295	LOCATION ADDRESS	22	REQUIRED - ENTER THE LOCA- TION ADDRESS (ATTENTION, SUITE, ROOM NUMBER, ETC.)FOR THE SUBMITTER NAME. LEFT JUSTIFY AND FILL WITH BLANKS	
296-317	DELIVERY ADDRESS	22	REQUIRED - ENTER THE DELIVERY ADDRESS (STREET OR POST OFFICE BOX) FOR THE ORGANIZATION TO WHOM THE NOTIFICATION OF UNPROCESSABLE DATA SHOULD BE SENT. LEFT JUSTIFY AND FILL WITH BLANKS.	
318-339	CITY	22	REQUIRED - ENTER THE CITY FOR THE ORGANIZATION TO WHOM THE NOTIFICATION OF UNPROCESSABLE DATA SHOULD BE SENT. LEFT JUSTIFY AND FILL WITH BLANKS.	
340-341	STATE ABBREVIATION	2	REQUIRED - ENTER THE STATE FOR THE ORGANIZATION TO WHOM THE NOTIFICATION OF UNPRO- CESSABLE DATA SHOULD BE SENT. USE A POSTAL ABBREVIATION AS SHOWN IN APPENDIX A. FOR A FOREIGN ADDRESS, LEAVE BLANK.	

CODE "RA" - SUBMITTER**LENGTH = 512**

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
342-346	ZIP CODE	5	REQUIRED - ENTER A VALID ZIP CODE.
347-350	ZIP CODE EXTENSION	4	REQUIRED - ENTER THE FOUR-DIGIT EXTENSION OF THE ZIP CODE. IF NOT APPLICABLE, LEAVE BLANK.
351-395	FILLER	45	LEAVE BLANK
396-422	CONTACT NAME	27	REQUIRED - ENTER THE NAME OF THE PERSON TO BE CONTACTED BY ORS CONCERNING PROBLEMS IN PROCESSING YOUR SUBMISSION. LEFT JUSTIFY AND FILL WITH BLANKS.
423-437	CONTACT PHONE	15	REQUIRED -ENTER THE TELEPHONE NUMBER (INCLUDING THE AREA CODE) FOR THE CONTACT NAME. LEFT JUSTIFY AND FILL WITH BLANKS.
438-442	CONTACT PHONE EXTENSION	5	REQUIRED -ENTER THE TELEPHONE EXTENSION FOR THE CONTACT NAME. LEFT JUSTIFY AND FILL WITH BLANKS.
443-488	FILLER	46	FILL WITH BLANKS
489-498	CONTACT FAX NUMBER	10	OPTIONAL - FOR U.S. AND U.S. TERRITORIES ONLY. IF APPLICABLE, ENTER YOUR FAX NUMBER (INCLUDING AREA CODE). LEFT JUSTIFY AND FILL WITH BLANKS. OTHERWISE, LEAVE BLANK.
499-512	FILLER	14	LEAVE BLANK

CODE "RE" - EMPLOYER RECORD**LENGTH = 512**

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
001-002	RECORD IDENTIFIER	2	REQUIRED - CONSTANT "RE"
003-006	REPORT YEAR	4	REQUIRED - ENTER THE YEAR FOR WHICH THIS REPORT IS BEING PREPARED. ENTER NUMERIC CHARACTERS ONLY. UPDATE EACH YEAR.
007-007	AGENT INDICATOR	1	MAY BE LEFT BLANK
008-016	FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)	9	REQUIRED - ENTER ONLY NUMERIC CHARACTERS. OMIT HYPHENS, PREFIXES AND SUFFIXES.
017-025	AGENT FOR EIN	9	MAY BE LEFT BLANK
026-026	TERMINATING BUSINESS INDICATOR	1	OPTIONAL - ENTER "1" IF YOU HAVE TERMINATED YOUR BUSINESS DURING THIS TAX YEAR. OTHERWISE, ENTER A "0".
027-030	ESTABLISHMENT NUMBER	4	MAY BE LEFT BLANK
031-039	OTHER EIN	9	MAY BE LEFT BLANK
040-096	EMPLOYER NAME	57	REQUIRED - ENTER THE EMPLOYER'S NAME. LEFT JUSTIFY AND FILL WITH BLANKS.
097-118	EMPLOYER ADDRESS	22	REQUIRED - ENTER THE LOCATION ADDRESS (ATTENTION, SUITE, ROOM NUMBER, ETC.) FOR THE EMPLOYER NAME. LEFT JUSTIFY AND FILL WITH BLANKS.
119-140	DELIVERY ADDRESS	22	REQUIRED - ENTER THE EMPLOYER'S DELIVERY ADDRESS (STREET OR POST OFFICE BOX). LEFT JUSTIFY AND FILL WITH BLANKS.

CODE "RE" - EMPLOYER RECORD LENGTH = 512

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
141-162	EMPLOYER CITY	22	REQUIRED - EMPLOYER'S CITY LEFT JUSTIFY AND FILL WITH BLANKS
163-164	EMPLOYER STATE ABBREVIATION	2	REQUIRED - ENTER THE EMPLOYER'S STATE. USE A POSTAL ABBREVIATION. (SEE APPENDIX A.)
165-169	EMPLOYER ZIP CODE	5	REQUIRED - ENTER A VALID ZIP CODE
170-173	EMPLOYER ZIP CODE EXTENSION	4	REQUIRED - ENTER THE FOUR- DIGIT EXTENSION OF THE ZIP CODE.
174-178	BLANK	5	LEAVE BLANK. RESERVED FOR SSA USE
179-201	FOREIGN STATE/ PROVINCE	23	MAY BE LEFT BLANK
202-216	FOREIGN POSTAL CODE	15	MAY BE LEFT BLANK
217-218	COUNTRY CODE	2	MAY BE LEFT BLANK
219-219	EMPLOYMENT CODE	1	OPTIONAL - MAY ENTER THE APPROPRIATE CODE: A - AGRICULTURE H - HOUSEHOLD M - MILITARY Q - MEDICARE QUALIFIED GOVERNMENT EMPLOYMENT X - RAILROAD R - REGULAR (ALL OTHERS) OR MAY BE LEFT BLANK
220-220	TAX JURISDICTION CODE	1	MAY BE LEFT BLANK
221-221	TAX TYPE	1	REQUIRED - ENTER TAX TYPE "B"

CODE "RE" - EMPLOYER RECORD**LENGTH = 512**

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
222-223	STATE CODE IDENTIFIER	2	REQUIRED - ENTER THE APPROPRIATE NUMERIC FIPS CODE (LOUISIANA FIPS POSTAL CODE VALUE IS 22.) (SEE APPENDIX A.)
224-229	REPORTING PERIOD	6	REQUIRED - ENTER ONLY NUMERIC CHARACTERS. ENTER MONTH AND FOUR DIGIT YEAR FOR THE CALENDAR QUARTER FOR WHICH THIS REPORT APPLIES: E.G., "092000" FOR JULY - SEPTEMBER, 2000
230-231	BLOCKING FACTOR	2	REQUIRED - ENTER BLOCKING FACTOR OF THE FILE. MAXIMUM BLOCKING FACTOR EQUALS 25.
232-234	BLANK	3	LEAVE BLANK
235-246	STATE UI EMPLOYER NUMBER	12	REQUIRED - ENTER NUMERIC STATE UI EMPLOYER NUMBER IN THE FIRST SIX (6) DIGITS OF THIS FIELD. LEFT JUSTIFY
247-249	BLANK	3	LEAVE BLANK
250-250	MULTIPLE COUNTY INDUSTRY	1	REQUIRED - IF EMPLOYING ENTITY IS CURRENTLY A MULTIPLE WORK- SITE REPORTER AND HAS CHOSEN TO SUBMIT FORM BLS 3020 (MULTIPLE WORKSITE REPORT) VIA MAGNETIC MEDIA. ENTER "1" IF THIS FIRM HAS EMPLOYEES IN MORE THAN ONE COUNTY/INDUSTRY INCLUDED IN THIS REPORT; OTHER- WISE, ENTER "0".

CODE "RE" - EMPLOYER RECORD**LENGTH = 512**

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
251-251	MULTIPLE WORKSITE 1 LOCATION		REQUIRED - IF EMPLOYING ENTITY IS CURRENTLY A MULTIPLE WORKSITE REPORTER AND HAS CHOSEN TO SUBMIT FORM BLS 3020 (MULTIPLE WORK- SITE REPORT) VIA MAGNETIC MEDIA. ENTER "1" IF THIS FIRM HAS EMPLOYEES AT MORE THAN ONE LOCATION WITHIN THE SAME COUNTY INCLUDED IN THIS REPORT; OTHERWISE, ENTER "0".
252-252	MULTIPLE WORKSITE 1 INDICATOR		REQUIRED - ENTER "1" IF THIS FIRM IS INCLUDING MULTIPLE WORKSITE DATA ON WAGE REPORTING MAGNETIC MEDIA IN LIEU OF FORM BLS 3020; OTHERWISE, ENTER "0".
253-253	ELECTRONIC FUNDS 1 TRANSFER INDICATOR		REQUIRED - ENTER "1" IF THIS FIRM PARTICIPATES IN ELECTRONIC FUNDS TRANSFER OF QUARTERLY UI PAYROLL TAXES; OTHERWISE, ENTER "0".
254-512	BLANK	259	LEAVE BLANK

CODE "RS" - STATE RECORD(EMPLOYEE) LENGTH = 512

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
001-002	RECORD IDENTIFIER	2	REQUIRED - CONSTANT "RS"
003-004	STATE CODE	2	REQUIRED - ENTER THE APPROPRIATE FIPS POSTAL NUMERIC CODE. (LOUISIANA FIPS CODE IS 22.)(SEE APPENDIX A.)
005-009	TAXING ENTITY CODE	5	ENTER BLANKS
010-018	SOCIAL SECURITY NUMBER (SSN)	9	REQUIRED - ENTER THE EMPLOYEE'S SOCIAL SECURITY NUMBER. IF NOT AVAILABLE, ENTER ZEROS (0) IN LOCATIONS 010-018.
019-038	EMPLOYEE LAST NAME	20	REQUIRED - ENTER THE LAST NAME OF THE EMPLOYEE EXACTLY AS SHOWN ON THE SOCIAL SECURITY CARD. LEFT JUSTIFY AND FILL WITH BLANKS.
039-053	EMPLOYEE FIRST NAME	15	REQUIRED - ENTER THE FIRST NAME OF THE EMPLOYEE EXACTLY AS SHOWN ON THE SOCIAL SECURITY CARD. LEFT JUSTIFY AND FILL WITH BLANKS.
054-068	EMPLOYEE MIDDLE NAME OR INITIAL	15	REQUIRED - IF APPLICABLE, ENTER THE EMPLOYEE MIDDLE NAME OR INITIAL EXACTLY AS SHOWN ON THE SOCIAL SECURITY CARD. LEFT JUSTIFY AND FILL WITH BLANKS. OTHERWISE, LEAVE BLANK.
069-072	SUFFIX	4	MAY BE LEFT BLANK
073-094	LOCATION ADDRESS	22	MAY BE LEFT BLANK
095-116	DELIVERY ADDRESS	22	MAY BE LEFT BLANK

CODE "RS" - STATE RECORD(EMPLOYEE) LENGTH = 512

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
117-138	CITY	22	MAY BE LEFT BLANK
139-140	STATE ABBREVIATION	2	MAY BE LEFT BLANK
141-145	ZIP CODE	5	MAY BE LEFT BLANK
146-149	ZIP CODE EXTENSION	4	MAY BE LEFT BLANK
150-154	BLANK	5	RESERVE FOR SOCIAL SECURITY ADMINISTRATION USE
155-177	FOREIGN STATE/ PROVINCE	23	MAY BE LEFT BLANK
178-192	FOREIGN POSTAL CODE	15	MAY BE LEFT BLANK
193-194	COUNTRY CODE	2	LEAVE BLANK
195-196	OPTIONAL CODE	2	LEAVE BLANK
197-202	REPORTING PERIOD	6	REQUIRED - ENTER THE LAST MONTH AND 4-DIGIT YEAR FOR THE CALENDAR QUARTER FOR WHICH THIS REPORT APPLIES: E.G., "092000" FOR JULY - SEPTEMBER 2000.

CODE "RS" - STATE RECORD(EMPLOYEE) LENGTH = 512

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
203-213	STATE QUARTERLY UI WAGES PIC 9(9)v99	11	REQUIRED - ENTER ONLY NUMERIC CHARACTERS, RIGHT JUSTIFY AND ZERO FILL. ENTER TOTAL QUARTERLY WAGES PAID TO THIS EMPLOYEE (ROUND CENTS TO THE NEAREST DOLLAR AMOUNT; I.E. \$1081.49 SHALL BE ROUNDED TO \$1081.00 AND \$1081.50 SHALL BE ROUNDED TO \$1082.00). INCLUDE ALL TIP INCOME.
214-224	STATE QUARTERLY TAXABLE WAGES	11	RIGHT JUSTIFY AND ZERO FILL OR MAY BE LEFT BLANK.
225-226	NUMBER OF WEEKS	2	MAY BE LEFT BLANK
227-234	DATE FIRST EMPLOYED	8	OPTIONAL - MAY ENTER THE MONTH, DAY AND 4-DIGIT YEAR EMPLOYEE FIRST EMPLOYED WITH THIS EMPLOYER OR MAY BE LEFT BLANK.
235-242	DATE OF SEPARATION	8	OPTIONAL -MAY ENTER THE MONTH, DAY AND 4-DIGIT YEAR EMPLOYEE SEPARATED FROM EMPLOYMENT WITH THIS EMPLOYER OR MAY BE LEFT BLANK.
243-247	BLANK	5	BLANK (RESERVE FOR SSA USE)
248-267	STATE EMPLOYER ACCOUNT NUMBER	20	MAY BE LEFT BLANK
268-273	BLANK	6	BLANK (RESERVE FOR SSA USE)
274-275	STATE CODE	2	OPTIONAL - MAY ENTER THE APPROPRIATE NUMERIC FIPS CODE (LOUISIANA FIPS POSTAL CODE IS 22) OR LEAVE BLANK. (SEE APPENDIX A)

CODE "RS" - STATE RECORD(EMPLOYEE) LENGTH = 512

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
276-286	STATE TAXABLE WAGES	11	OPTIONAL - RIGHT JUSTIFY AND ZERO FILL
287-297	STATE INCOME TAX WITHHELD	11	ENTER BLANKS
298-307	STATE EXCESS WAGES PIC 9(8)v99	10	REQUIRED - ENTER ONLY NUMERIC CHARACTERS. ENTER THE AMOUNT OF WAGES (ROUND CENTS TO THE NEAREST DOLLAR AMOUNT; I.E. \$1081.49 SHALL BE ROUNDED TO \$1081.00 AND \$1081.50 SHALL BE ROUNDED TO \$1082.00) WHICH ARE IN EXCESS OF THE LOUISIANA TAXABLE WAGE BASE AS SPECIFIED ON ANNUAL RATE NOTICE OR QUARTERLY REPORT.
308-308	TAX TYPE CODE	1	ENTER BLANKS
309-319	LOCAL TAXABLE WAGES	11	ENTER BLANKS
320-330	LOCAL INCOME TAX WITHHELD	11	ENTER BLANKS
331-337	STATE CONTROL NUMBER	7	ENTER BLANKS

THE DATA IN FIELDS 338-356 ARE REQUIRED IF THE EMPLOYING ENTITY IS CURRENTLY A **MULTIPLE WORKSITE REPORTER** AND HAS CHOSEN TO SUBMIT FORM BLS 3020 (MULTIPLE WORKSITE REPORT) VIA MAGNETIC MEDIA; OTHERWISE, ENTER BLANKS. NEW WORKSITES MUST BE REPORTED WITH ALL ZEROS IN THESE FIELDS. THE LOUISIANA DEPARTMENT OF LABOR WILL ASSIGN THE NEW WORKSITE A REPORTING UNIT NUMBER, THE FOUR-DIGIT SIC, AND THREE-DIGIT FIPS COUNTY CODE WHICH WILL BE INCLUDED ON THE NEXT QUARTER'S MULTIPLE WORKSITE REPORT (FORMS BLS 3020).

CODE "RS" - STATE RECORD(EMPLOYEE) LENGTH = 512

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
338-347	REPORTING UNIT NUMBER	10	ENTER THE STATE-ASSIGNED REPORTING UNIT NUMBER OF THE WORKSITE WHERE THE EMPLOYEE WORKED DURING THE QUARTER (RIGHT JUSTIFY AND ZERO FILL.
348-350	COUNTY CODE	3	ENTER THE THREE-DIGIT NUMERIC FIPS COUNTY CODE OF THE EMPLOYEE'S WORK SITE.
351-356	INDUSTRY CODE	6	ENTER THE SIX-DIGIT NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM CODE(NAICS) ASSIGNED TO THE REPORTING UNIT WHERE EMPLOYEE IS ASSIGNED.

THE DATA IN FIELDS 357-359 ARE REQUIRED IF THE EMPLOYING ENTITY PARTICIPATES IN **ELECTRONIC FUNDS TRANSFER** OF QUARTERLY UI PAYROLL TAXES OR IS CURRENTLY A MULTIPLE WORKSITE REPORTER AND HAS CHOSEN TO SUBMIT FORM BLS 3020 (MULTIPLE WORKSITE REPORT) VIA MAGNETIC MEDIA; OTHERWISE, ENTER BLANKS.

357-357	MONTH 1 EMPLOYMENT	1	ENTER "1" IF THE EMPLOYEE WORKED DURING OR RECEIVED PAY FOR THE PAY PERIOD INCLUDING THE 12TH ^H DAY OF THE FIRST MONTH IN THE QUARTER; OR ENTER "0" IF THE EMPLOYEE DID NOT WORK <u>AND</u> RECEIVED NO PAY FOR THE PAY PERIOD INCLUDING THE 12TH DAY OF THE FIRST MONTH IN THE QUARTER.
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CODE "RS" - STATE RECORD(EMPLOYEE) LENGTH = 512

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
358-358	MONTH 2 EMPLOYMENT	1	ENTER "1" IF THE EMPLOYEE WORKED DURING OR RECEIVED PAY FOR THE PAY PERIOD INCLUDING THE 12TH DAY OF THE SECOND MONTH IN THE QUARTER; OR ENTER "0" IF THE EMPLOYEE DID NOT WORK <u>AND</u> RECEIVED NO PAY FOR THE PAY PERIOD INCLUDING THE 12TH DAY OF THE SECOND MONTH IN THE QUARTER.
359-359	MONTH 3 EMPLOYMENT	1	ENTER "1" IF THE EMPLOYEE WORKED DURING OR RECEIVED PAY FOR THE PAY PERIOD INCLUDING THE 12TH DAY OF THIRD MONTH IN THE QUARTER; OR ENTER "0" IF THE EMPLOYEE DID NOT WORK <u>AND</u> RECEIVED NO PAY FOR THE PAY PERIOD INCLUDING THE 12TH DAY OF THIRD MONTH IN THE QUARTER.
360-366	HOURLY WAGES	7	OPTIONAL- ENTER ONLY NUMERIC CHARACTERS. ENTER THE AMOUNT OF WAGES (DOLLARS & CENTS) WHICH ARE THE HOURLY WAGE AMOUNT. RIGHT JUSTIFY AND ZERO FILL.
367-372	OES CODE	6	OPTIONAL SEE: OCCUPATIONAL CODES DICTIONARY (OES/SOC) ON THIS WEBSITE
373-412	BLANK	40	LEAVE BLANK
413-487	SUPPLEMENTAL DATA	75	LEAVE BLANK
488-512	BLANK	25	BLANK (RESERVE FOR SSA)

CODE "RF" - FINAL RECORD

LENGTH = 512

POSITION FROM - TO	FIELD NAME	LENGTH	DESCRIPTION & REMARKS
001-002	RECORD IDENTIFIER	2	REQUIRED - CONSTANT "RF"
003-512	FILLER	510	LEAVE BLANK

IV. Most Common Errors

The following are examples of the most common errors which occur on the magnetic media submitted to the Louisiana Department of Labor.

A) MAGNETIC MEDIA REPORTING

File does not contain an "RE" record(s) for employer payroll, an "RS" record for each employee for whom wages are being reported, and an "RF" record to indicate the end of the file.

B) STATE UNEMPLOYMENT INSURANCE EMPLOYER ACCOUNT NUMBER

- Not A Six-Digit Numeric Number (Must Be Left Justified)
- In "RE" Record, Not Located In Position 235-246

C) STATE IDENTIFIER CODE

- Not The Numeric Louisiana FIPS Postal Code Value "22"
- In "RE" Record, Not Located In Position 222-223
- In "RS" Record, Not Located In Position 003-004

D) EMPLOYEE SOCIAL SECURITY NUMBER

- Not Numeric Or All Zeros (If Number Is Not Known = Zeros)
- In "RS" Record, Not Located In Position 010-018

E) EMPLOYEE NAME

- In "RS" Record, Employee Last Name, Not Located In Position 019-038
- In "RS" Record, Employee First Name, Not Located In Position 039-053
- In "RS" Record, Employee Middle Name Or Middle Initial, Not Located In Position 054-068

F) STATE QUARTERLY UI WAGES

- Not Numeric (Dollars & Cents) Or Field Contains Decimals
- In "RS" Record, Not Located In Position 203-213

G) STATE EXCESS WAGES

- Not Numeric (Dollars & Cents) Or Field Contains Decimals
- In "RS" Record, Not Located In Position 298-307

Error Codes And Messages

NOTE: An "RP" in the "REJ?" Column indicates the payroll will be rejected.

REJ?	ERROR MESSAGE
RP	MEDIA DAMAGE - COULD NOT PROCESS - PAYROLL REJECTED
RP	MEDIA "I-O" ERROR - UNABLE TO PROCESS - PAYROLL REJECTED
RP	MEDIA CONTAINS NO DATE - PAYROLL REJECTED
RP	DISKETTE MEDIA RECORD IS NOT WAGE REPORTING FORMAT REJECT
RP	MAGNETIC MEDIA RECORD IS NOT WAGE REPORTING FORMAT REJECT
RP	TAPE RECORD IN "BCD" FORMAT - MUST BE "EBCDIC" FORMAT
RP	TAPE RECORD IN "ASCII" FORMAT - MUST BE "EBCDIC" FORMAT
RP	DISKETTE RECORD MUST BE IN "ASCII" FORMAT - PAYROLL REJECTED
RP	TAPE DENSITY MUST BE "1600", "6250", "3480" OR "3490"
RP	TAPE - "LABELED" INSTEAD OF "UNLABELED" - PAYROLL REJECTED
RP	DISKETTE RECORD LENGTH "512" REQUIRED - PAYROLL REJECTED
RP	TAPE RECORD LENGTH "512" REQUIRED
RP	MAGNETIC MEDIA RECORD LENGTH "512" REQUIRED
RP	MAGNETIC MEDIA RECORD LENGTH "512" REQUIRED-PAYROLL REJECTED

(Error Codes And Messages Continued)

NOTE: An "RP" in the "REJ?" Column indicates the payroll will be rejected.

REJ? ERROR MESSAGE

"RE" RECORD ERRORS

RP	RE - POSITION 001-002 - RECORD IDENTIFIER MISSING
RP	RE - POSITION 003-006 - REPORT YEAR NOT NUMERIC-REJECTED
RP	RE - POSITION 003-006 - REPORT YEAR ALL ZEROS-REJECTED
RP	RE - POSITION 003-006 - REPORT YEAR CORRECT POSITION
RP	RE - POSITION 008-016 - FEDERAL "EIN" NUMBER NOT NUMERIC
RP	RE - POSITION 040-096 - EMPLOYER NAME MISSING
RP	RE - POSITION 097-118 - EMPLOYER ADDRESS MISSING
RP	RE - POSITION 119-140 - EMPLOYER DELIVERY ADDRESS MISSING
RP	RE - POSITION 141-162 - EMPLOYER CITY MISSING
RP	RE - POSITION 163-164 - EMPLOYER STATE MISSING
RP	RE - POSITION 165-169 - EMPLOYER ZIP -5 DIGITS MISSING
RP	RE - POSITION 165-169 - EMPLOYER ZIP -5 DIGITS NOT NUMERIC
RP	RE - POSITION 170-173 - EMPLOYER ZIP -4 DIGITS MISSING
RP	RE - POSITION 170-173 - EMPLOYER ZIP -4 DIGITS NOT NUMERIC
RP	RE - POSITION 221 - TAX TYPE "B" MISSING ON REPORT-REJECT
RP	RE - POSITION 221 - TAX TYPE NOT "B" - PAYROLL REJECTED
RP	RE - POSITION 221 - TAX TYPE "B" CORRECT POSITION-REJECT
RP	RE - POSITION 222-223 - STATE CODE IDENTIFIER NOT NUMERIC
RP	RE - POSITION 222-223 - STATE CODE IDENTIFIER ALL ZEROS
RP	RE - POSITION 222-223 - STATE CODE NOT "22" FOR LOUISIANA
RP	RE - POSITION 222-223 - STATE CODE IDENTIFIER "22" MISSING
RP	RE - POSITION 222-223 - STATE CODE "22" CORRECT POSITION
RP	RE - POSITION 224-229 - QUARTER MONTH NOT NUMERIC
RP	RE - POSITION 224-229 - QUARTER MONTH ALL ZEROS
RP	RE - POSITION 224-229 - QUARTER MONTH CORRECT POSITION
RP	RE - POSITION 224-229 - QUARTER MONTH NOT CORRECT VALID CODES ARE "03" OR "06" OR "09" OR "12"-REJECTED
RP	RE - RECORD REPORTING PERIOD AND LABEL ARE NOT THE SAME
RP	RE - REPORTING PERIOD PRIOR TO LIABILITY DATE - REJECTED
RP	RE - REPORTING PERIOD AFTER THE INACTIVE DATE - PROCESSED

("RE" Record Errors Continued)

RP RE - POSITION 230-231 - BLOCKING FACTOR IS NOT INCLUDED
RP RE - POSITION 230-231 - BLOCKING FACTOR IS NOT NUMERIC
RP RE - POSITION 230-231 - BLOCKING FACTOR CORRECT POSITION
MAXIMUM VALID BLOCKING VALUE IS "25"

RP MULTIPLE "RE" RECORDS FOR SAME STATE EMPLOYER ACCOUNT NUMBER

RP RE - POSITION 235-246 - STATE UI EMPLOYER ACCOUNT NUMBER
NOT NUMERIC - MUST BE STATE EMPLOYER ACCOUNT NUMBER
RP RE - POSITION 235-246 - STATE UI EMPLOYER ACCOUNT NUMBER
ALL ZEROS - MUST BE STATE EMPLOYER ACCOUNT NUMBER
RP RE - POSITION 235-246 - STATE UI EMPLOYER ACCOUNT NUMBER
MISSING - MUST BE STATE EMPLOYER ACCOUNT NUMBER-
NUMBER MUST BE LEFT JUSTIFIED- PAYROLL REJECTED
RP RE - POSITION 235-246 - STATE UI EMPLOYER ACCOUNT NUMBER
CORRECT POSITION - MUST BE LEFT JUSTIFIED - REJECTED
RP RE - POSITION 235-246 - STATE UI EMPLOYER ACCOUNT NUMBER
NOT FIRST 6 DIGITS OF EMPLOYER ACCOUNT NUMBER -
REJECTED - EMPLOYER ACCOUNT NUMBER MUST BE LEFT
JUSTIFIED
RP RE - POSITION 235-246 - STATE UI EMPLOYER ACCOUNT NUMBER
USED NOT VALID EMPLOYER ACCOUNT NUMBER - REJECTED
RP RE - POSITION 235-246 - STATE UI EMPLOYER ACCOUNT NUMBER
USED NOT ON FILE AS EMPLOYER ACCOUNT NUMBER - REJECTED
RP RE - POSITION 235-246 - STATE UI EMPLOYER ACCOUNT NUMBER
USED IS FEDERAL "EIN" NUMBER NOT EMPLOYER ACCOUNT
NUMBER - MUST BE LEFT JUSTIFIED - PAYROLL REJECTED
RP RE - POSITION 235-246 - STATE UI EMPLOYER ACCOUNT NUMBER
USED IS REVENUE NUMBER NOT EMPLOYER ACCOUNT NUMBER-
NUMBER MUST BE LEFT JUSTIFIED - PAYROLL REJECTED

RP RE - POSITION 250 - MULTIPLE COUNTY INDUSTRY NOT NUMERIC
RP RE - POSITION 250 - MULTIPLE COUNTY INDUSTRY NOT ENTERED

RP RE - POSITION 251 - MULTIPLE WORKSITE LOCATION NOT NUMERIC
RP RE - POSITION 251 - MULTIPLE WORKSITE LOCATION NOT ENTERED
RP RE - POSITION 252 - MULTIPLE WORKSITE INDICATOR NOT NUMERIC
RP RE - POSITION 252 - MULTIPLE WORKSITE INDICATOR NOT ENTERED

RP RE - POSITION 253 - ELECTRONIC FUNDS TRANSFER NOT NUMERIC
RP RE - POSITION 253 - ELECTRONIC FUNDS TRANSFER NOT ENTERED

(Error Codes And Messages Continued)

Note: An "RP" in the "REJ?" column indicates the payroll will be rejected.

REJ? ERROR MESSAGE

"RS" RECORD ERRORS

RP	RS - POSITION 001-002 - RECORDS MISSING - PAYROLL REJECTED
RP	RS - POSITION 003-004 - STATE CODE NOT NUMERIC
RP	RS - POSITION 003-004 - STATE CODE ALL ZEROS LOUISIANA FIPS POSTAL CODE IS 22
RP	RS - POSITION 003-004 - STATE CODE 22 CORRECT POSITION
RP	RS - POSITION 003-004 - STATE CODE MUST BE INCLUDED IN RECORD WITH LOUISIANA FIPS POSTAL CODE VALUE OF "22"
RP	RS - POSITION 003-004 - STATE CODE MUST BE "22"
RP	RS - POSITION 010-018 - SOCIAL SECURITY NUMBER NOT NUMERIC
RP	RS - POSITION 010-018 - SOCIAL SECURITY NUMBER ALL ZEROS
RP	RS - POSITION 010-018 - SOCIAL SECURITY NUMBER MISSING
RP	RS - POSITION 010-018 - SOCIAL SECURITY # CORRECT POSITION
RP	RS - POSITION 019-038 - EMPLOYEE LAST NAME MISSING
RP	RS - POSITION 039-053 - EMPLOYEE FIRST NAME MISSING
RP	RS - POSITION 054-068 - EMPLOYEE MIDDLE NAME MISSING
RP	RS - POSITION 019-068 - EMPLOYEE NAME SHOULD BE IN LAST, FIRST, MIDDLE INITIAL ORDER
RP	RS - POSITION 197-202 - REPORTING PERIOD NOT NUMERIC
RP	RS - POSITION 197-202 - REPORTING PERIOD ALL ZEROS
RP	RS - POSITION 197-202 - REPORTING PERIOD CORRECT POSITION
RP	RS - POSITION 197-198 - QUARTER MONTH NOT NUMERIC
RP	RS - POSITION 197-198 - QUARTER MONTH ALL ZEROS VALID VALUES ARE "03" OR "06" OR "09" OR "12" - REJECTED
RP	RS - POSITION 197-198 - QUARTER MONTH VALID CODES ARE "03" OR "06" OR "09" OR "12" - PAYROLL REJECTED
RP	RS - POSITION 197-198 - QUARTER MONTH CORRECT POSITION VALID VALUES ARE "03" OR "06" OR "09" OR "12" - REJECTED
RP	RS - POSITION 199-202 - YEAR NOT NUMERIC - REJECTED
RP	RS - POSITION 199-202 - YEAR ALL ZEROS - REJECTED
RP	RS - POSITION 199-202 - YEAR CORRECT POSITION - REJECTED
RP	RS - RECORD YEAR-QUARTER AND LABEL NOT THE SAME - REJECTED

(“RS” Record Errors Continued)

RP RS - POSITION 197-202 - REPORTING PERIOD PRIOR TO
LIABILITY DATE - PAYROLL REJECTED

RP RS - POSITION 197-202 - REPORTING PERIOD AFTER THE INACTIVE
DATE - PAYROLL REJECTED

RP RS - POSITION 203-213 - QUARTERLY WAGES NOT NUMERIC

RP RS - POSITION 203-213 - QUARTERLY WAGES ALL ZEROS

RP RS - POSITION 203-213 - QUARTERLY WAGES CORRECT POSITION

RP RS - POSITION 298-307 - EXCESS WAGE NOT NUMERIC

RP RS - POSITION 298-307 - EXCESS WAGE CORRECT POSITION

RP RS - ERRORS ARE IN LAST RECORD ONLY - PAYROLL REJECTED

RP RS - POSITION 338-347 - MULTIPLE WORKSITE REPORTING UNIT
NUMBER NOT NUMERIC

RP RS - POSITION 338-347 - MULTIPLE WORKSITE REPORTING UNIT
NUMBER ALL ZEROS

RP RS - POSITION 348-350 - MULTIPLE WORKSITE COUNTY CODE
NUMBER NOT NUMERIC

RP RS - POSITION 348-350 - MULTIPLE WORKSITE COUNTY CODE
NUMBER ALL ZEROS

RP RS - POSITION 351-354 - MULTIPLE WORKSITE INDUSTRY CODE
NUMBER NOT NUMERIC

RP RS - POSITION 351-354 - MULTIPLE WORKSITE" INDUSTRY CODE
NUMBER ALL ZEROS

RP RS - POSITION 357 - MONTH 1 EMPLOYMENT NOT NUMERIC
ELECTRONIC FUNDS/MULTI WORKSITE REPORTER

RP RS - POSITION 358 - MONTH 2 EMPLOYMENT NOT NUMERIC
ELECTRONIC FUNDS/MULTI WORKSITE REPORTER

RP RS - POSITION 359 - MONTH 3 EMPLOYMENT NOT NUMERIC
ELECTRONIC FUNDS/MULTI WORKSITE REPORTER

RP RS - POSITION 360-366 - HOURLY WAGES NOT NUMERIC

RP RS - POSITION 360-366 - HOURLY WAGES ALL ZEROS

RP RS - POSITION 360-366 - HOURLY WAGES CORRECT POSITION

RP RS - POSITION 367-371 - OES CODE NOT NUMERIC

RP RS - POSITION 367-371 - OES CODE ALL ZEROS

RP RS - POSITION 367-371 - OES CODE CORRECT POSITION

SEE: **OCCUPATIONAL CODES DICTIONARY** (OES/SOC) ON THIS WEBSITE

(Error Codes And Messages Continued)

Note: An "RP" in the "REJ?" Column indicates the payroll will be rejected.

REJ? ERROR MESSAGE

"RF" RECORD ERRORS

RP RF - POSITION 001-002 - RECORD IDENTIFIER MISSING - REJECT
RP RF RECORD IDENTIFIER ONLY ON REPORT - PAYROLL REJECTED
RP MULTIPLE "RF" RECORDS ON REPORT - ONLY ONE REQUIRED - REJECT
RP RF RECORD IDENTIFIER IN WRONG POSITION - REJECTED
RP RF RECORD IDENTIFIER FIRST RECORD ON REPORT - REJECTED

Appendix A: Postal Abbreviations And Numeric Codes

<u>STATE</u>	<u>ABBREVIATION</u>	<u>NUMERIC CODE</u>
ALASKA	AK	02
ARIZONA	AZ	04
ARKANSAS	AR	05
CALIFORNIA	CA	06
COLORADO	CO	08
CONNECTICUT	CT	09
DELAWARE	DE	10
DISTRICT OF COLUMBIA	DC	11
FLORIDA	FL	12
GEORGIA	GA	13
HAWAII	HI	15
IDAHO	ID	16
ILLINOIS	IL	17
INDIANA	IN	18
IOWA	IA	19
KANSAS	KS	20
KENTUCKY	KY	21
LOUISIANA	LA	22
MAINE	ME	23
MARYLAND	MD	24
MASSACHUSETTS	MA	25
MICHIGAN	MI	26
MINNESOTA	MN	27
MISSISSIPPI	MS	28
MISSOURI	MO	29
MONTANA	MT	30
NEBRASKA	NE	31
NEVADA	NV	32
NEW HAMPSHIRE	NH	33
NEW JERSEY	NJ	34
NEW MEXICO	NM	35
NEW YORK	NY	36
NORTH CAROLINA	NC	37
NORTH DAKOTA	ND	38
OHIO	OH	39
OKLAHOMA	OK	40
OREGON	OR	41
PENNSYLVANIA	PA	42
RHODE ISLAND	RI	44
SOUTH CAROLINA	SC	45
SOUTH DAKOTA	SD	46
TENNESSEE	TN	47
TEXAS	TX	48

<u>STATE</u>	<u>ABBREVIATION</u>	<u>NUMERIC CODE</u>
UTAH	UT	49
VERMONT	VT	50
VIRGINIA	VA	51
WASHINGTON	WA	53
WEST VIRGINIA	WV	54
WISCONSIN	WI	55
WYOMING	WY	56